

Hospitalization of Patients with Alcoholism

The problem of the hospitalization of patients with the diagnosis of alcoholism has been considered carefully by the Council on Mental Health and its Committee on Alcoholism. A report and resolution on this subject was submitted to the Board and approved for presentation to the House of Delegates for its action. The statement follows:

Among the numerous personality disorders encountered in the general population, it has long been recognized that a vast number of such disorders are characterized by the outstanding sign of excessive use of alcohol. All excessive users of alcohol are not diagnosed as alcoholics, but all alcoholics are excessive users. When, in addition to this excessive use, there are certain signs and symptoms of behavioral, personality and physical disorder or of their development, the syndrome of alcoholism is achieved. The intoxication and some of the other possible complications manifested in this syndrome often make treatment difficult. However, alcoholism must be regarded as within the purview of medical practice. The Council on Mental Health, its Committee on Alcoholism, and the profession in general recognizes this syndrome of alcoholism as illness which justifiably should have the attention of physicians.

One of the most consistent complaints of physicians who wish to care for these patients is that many hospitals will not admit such patients with a diagnosis of alcoholism. Many feel that these people are intractable, uncooperative, and difficult to handle. Because of their untoward behavior, hospital authorities feel that they are not equipped to take care of the medical treatment of such overactive patients. Where such patients are unruly and uncooperative, this attitude is understandable. However, for many of these sick people who express a wish to be treated in a general hospital, it has been generally found that cooperation is forthcoming and that no special attention or equipment is necessary for treating these patients. Hospitals should be urged to consider admission of such patients with a diagnosis of alcoholism based upon the objection to all such patients. Such objections have been very frustrating for physicians who wish to treat these patients and often discourages them from taking a greater interest in alcoholics.

The Council on Mental Health, therefore, urges hospital administrators and the staffs of hospitals to look upon alcoholism as a medical problem and to admit patients who are alcoholics to their hospitals for treatment, such admission to be made after due examination, investigation and consideration of the individual patient. Chronic alcoholism should not be considered as an illness which bars admission to a hospital, but rather as qualification for admission when the patient requests such admission and is cooperative, and the attending physician's opinion and that of hospital personnel should be considered. The chronic alcoholic in an acute phase can be, and often is, a medical emergency.

In support of the above statement, the Council is of the opinion that:

1. Alcoholic symptomatology and complications which occur in many personality disorders come within the scope of medical practice.
2. Acute alcoholic intoxication can be, and often is, a medical emergency. As with any other acute case, the merits of each individual case should be considered at the time of the emergency.
3. The type of alcoholic patient admitted to a general hospital should be judged on his individual merits, consideration being given to the attending physician's

opinion, cooperation of the patient, and his behavior at the time of admission. The admitting doctors should then examine the patient and determine from the history and his actions whether he should be admitted or refused.

4. In order to offer house officers well-rounded training in the general hospital, there should be adequate facilities available as part of a hospital program for care of alcoholics. Since the house officer in a hospital will eventually come in contact with this type of patient in practice, his training in treating this illness should come while he is a resident officer. Hospital staffs should be urged to accept these patients for treatment and cooperate in this program.
5. With improved means of treatment available and the changed viewpoint and attitude which places the alcoholic in the category of a sick individual, most of the problems formerly encountered in the treatment of the alcoholic in a general hospital have been greatly reduced. In any event, the individual patient should be evaluated rather than have general objection on the grounds of a diagnosis of alcoholism.

It is recognized that no general policy can be made for all hospitals. Administrators are urged to give careful consideration to the possibility of accepting such patients in the light of the newer available measures and the need for providing facilities for treating these patients. In order to render a service to the community, provision should be made for such patients who cooperate and who wish such care.

In order to accomplish any degree of success with the problem of alcoholism, it is necessary that educational programs be enlarged, methods of case finding and follow-up be ascertained, research be encouraged, and general education toward acceptance of these sick people for treatment be emphasized. The hospital and its administration occupy a unique position in the community which allows them great opportunities to contribute to the accomplishment of this purpose. It is urged that general hospitals and their administrators and staffs give thought to meeting this responsibility.